Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 4-16-01?
   b. The request was received on 3-25-02.

II. EXHIBITS

1. Requestor, Exhibit I:
   a. Initial TWCC-60, HCFA-1450s, and EOB; per Rule 133.307(e)(1)(A-C)
   b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:
   a. No response was submitted.

3. Fax confirmation of Commission's request for additional documentation.

III. PARTIES' POSITIONS

1. Requestor: none submitted

2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only (DOS) eligible for review is 4-16-01.

2. The amount in dispute per the TWCC-60 is $2,384.97.

3. The requestor did not respond to the Commission's request for additional documentation, per Rule 133.307(g)(3). The findings and decision will be based on the initial request.

V. RATIONALE

The UB 92 indicates the services were performed at an ambulatory surgery center. Commission Rule 134.401(a)(4) states ASCs, "shall be reimbursed at a fair and reasonable rate…"

The Requestor has submitted UB-92s for ambulatory surgical services for date of service 4-16-01. The bill in dispute is broken down into HCPCS Codes for surgical supplies and injectables. However, the total is considered the facility fees (what the facility charged for providing the facility, equipment and supplies in order for the surgical procedure to be done).

The carrier has denied the charges in dispute as "EXPLANATION OF REDUCTION CODES/DESCRIPTIONS: THIS BILL WAS REVIEWED IN ACCORDANCE WITH THE STATE FEE SCHEDULE GUIDELINES AND/OR YOUR NETWORK CONTRACTUAL AGREEMENT WITH FOCUS. NO MAR". The Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. **No** reimbursement is recommended.

The above Findings and Decision are hereby issued this 16th day of August 2002.

Lesa Lenart, RN
Medical Dispute Resolution Officer
Medical Review Division